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Orthopedic Surgery | Sports Medicine

SHOULDER

Anatomic Total Shoulder Replacement

Surgery Date: _____

Applies to an anatomic total shoulder replacement in which the subscapularis was taken down and repaired; the early internal- and external-rotation limits protect that repair. If your surgeon used a different technique, the operative report and surgeon-selected protocol govern. Use only the protocol selected by your surgical team.

Progressions are time- and criterion-based and depend on soft-tissue healing, patient factors, and clinician evaluation. Review of the operative note and communication of any concerns with the surgeon are encouraged. Comfortable, functional range of motion is a goal of rehabilitation, not a guarantee; return to higher-demand activity is criteria-based and requires surgeon clearance.

Weeks 0 – 2: Period of Protection | No Formal PT

Sling

- At all times, except for hygiene

Range of Motion

- No active or active-assisted shoulder motion during this protected phase — hand, wrist, and elbow motion only. Pendulums are the one permitted shoulder motion during this phase (passive, gravity-assisted).

Exercise

- Pendulums (passive, gravity-assisted) and grip strengthening
- No active biceps strengthening until 8 weeks postoperatively

Phase I (Weeks 2 – 6)

Sling

- At all times, except for hygiene and exercises

Range of Motion

- Progress PROM to AAROM to AROM as tolerated
  - Weeks 2–3 goals: FF to 90° and ER to 20° with arm at side, ABD max of 75° without rotation
  - Weeks 3–4 goals: FF to 120° and ER to 40° with arm at side, ABD max of 75° without rotation
  - No internal-rotation or backward-extension ROM until 6 weeks postoperatively to protect the subscapularis repair

Exercise

- Begin isometric scapular stabilizers; canes and pulleys as tolerated
  - No active internal or external rotation
  - No active biceps strengthening until 8 weeks postoperatively

Phase II (Weeks 6 – 12)

Sling

- Discontinue at 6 weeks

Range of Motion

- Increase as tolerated; begin internal-rotation and backward-extension ROM as tolerated

Exercise

- Begin light resisted ER, FF, and ABD with isometrics and light bands
  - No resisted scapular retractions
  - No resisted internal-rotation or backward-extension exercises until 3 months postoperatively

Phase III (Weeks 12 – 24)

Range of Motion

- Increase as tolerated with gentle passive stretching at end ranges

Exercise

- Advance strengthening for cuff, deltoid, and scapular stabilizers, emphasizing low-weight, high-repetition exercise
  - Begin resisted internal rotation / backward extension, progressing isometrics to light bands to weights
  - Begin eccentric motions and closed-chain exercises as tolerated

Phase IV (Weeks 24+): Return to Activity

Range of Motion

- Progress toward comfortable, functional range of motion as healing allows

Return to Activity

- Return to higher-demand or recreational activity is criteria-based and requires surgeon clearance; avoid heavy impact and heavy overhead loading unless specifically cleared.